## Vanderburgh County Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/12/201</u> 0	Address:	4600 Blk Harmony Rd
Case #:	<u>10-65</u> 57 <u>6</u>		<u>Evansville, IN</u>
County:	Vanderburgh		<u>47712</u>
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)	
⊠ Operati □ Chemic □ Dumps	cal/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all t	und: <u>Location (bedroom, kitchen, open :</u> that apply) n/Ammonia Reaction(s): <u>Tr</u> u <u>nk of ve</u>		
Red Pl	nosphorous/Iodine Reaction(s):	_	
Flammable Solvents: Trunk of vehicle			
☐ Water Reactive Metal (Lithium):			
☐ Hydro	chloric Acid Gas Generator(s):	_	
☐ Anhyd	lrous Ammonia:		
Corros	sive Acid:		
Corros	tive Base:		
Other	(item and location):		
Yes No Childr Living cor	der age 18 discovered (check appropri (number present)  en not present but evidence they residence of home: clean disart disart length of time manufacturing had be distributed in the disart length of time manufacturing had be distributed.	le or visit often ay □ unclean	
This repo	ort has been faxed to the following a	igencies that serve th	<u>ie location</u> :
Health Do	ortment: <u>C Weaver</u> epartment: <u>D Caldwell</u> ent of Child Services:	Fax: <u>812</u> Fax: <u>812</u> Fax:	- <u>495-5871</u>
For furthe	er information regarding this metham ting Officer: <u>Det. Heath Stewart</u> Pl	photamine laboratory, none <u>812-435-851</u> 8	contact

This form is to be faxed to the Pire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.